

2014 Summer Youth Application

Age 16 - 21

Must live in Seminole County

Must meet income guidelines

2014 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA

Persons in family/household	Poverty guideline
For families/households with more th for each additional person.	an 8 persons, add \$4,060
1	\$11,670
2	15,730
3	19,790
4	23,850
5	27,910
6	31,970
7	36,030
8	40,090

		<i>AME</i> : DATE:							
	Car pro	pplication Checklist: (For Client's use) reer Services Program services are made possible thru federal grants and documentation is required. You will need to vide AT LEAST the following verifications or documentation*.							
	<u>ITE</u>	EMS 1-7: Provide ONE document from each. ITEM 8: Provide ANY and ALL verification for past 6 months Income.							
	1.	Identification- (verification of Age/Date of Birth) □CDIB or Tribal membership card □Driver's License							
		☐ State Issued Picture I.D ☐ Birth Certificate 2. Proof of Residence of Parent/Guardian (must include your name, address, and dated within last 30 days)							
7		□Utility Bill □Postmarked envelope □Rent Receipt							
		□ Notarized Statement signed by person who owns the house where you are currently living AND a current utility bill of homeowner (notary services available in Career Services)							
ſ	2	Native American Indian Blood and/or Tribal Enrollment							
>	3.	□Tribal Enrollment Card □BIA Letter □CDIB (Certified Degree of Indian Blood)							
		Identification of US Citizen - □Birth Certificate □CDIB or Tribal membership card □Social Security Card							
	5.	Registration with Selective Service (only for male applicants 18 years to 26 years old).							
		Selective Service letter							
>	6.	ALL applicants 18 years old and older or youth Parent or Guardian must provide ONE of the following: Employed: Proof of employment (paystub, letter, or completed verification of employment form). Seeking Education Assistance Proof of enrollment in Educational Facility Seeking Employment & All OTHERS 18 or older (copy of unemployment benefits, copy of layoff notice, copy of public assistance records such as general assistance (GA), Supplemental Security Income, Food Stamp Assistance)							
	7	Assessment Test (Taken at Career Services) AND Youth copy of current High school or College Transcript.							
		□ KeyTrain □ ACT/SAT □ CAPS/COPS/COPES □ WorkKeys Scores							
	8.	INCOME SOURCES FOR THE LAST 6 MONTHS MUST BE PROVIDED for EVERYONE in							
ı		your household. Examples of this type of documentation include:							
		□Pay stubs or Letter from Employer							
		Social Security Benefit Letter							
		□Unemployment Benefit Letter							
7		Federal Financial Aid/Grant Documents (PELL and/or Tribal)							

Your household is defined as anyone who was included on the same income tax document as you were. If claiming ZERO income from any source, you must explain how you have provided for yourself (home, utilities, food, etc.)

SEMINOLE NATION CAREER SERVICES

PROGRAM APPLICATION

*Additional documents may be requested depending on your particular household situation. Review and approval process usually takes 3 to 5 business days, but could take longer. You can expedite the process by providing complete information and documentation. The sooner you complete the documentation process, take the assessment test, the sooner determination of eligibility. Incomplete applications after the application deadline will not be funded.

DATE OF APPLICATION:		DATE APPI	LICATION REC	EIVED:		
SOCIAL SECURITY#	GENDER		BIRTH DATE		AGE	T-SHIRT SIZE
	☐ Male	☐ Female				
NAME: LAST FIRST	MIDDLE INITIAL	MAI	DEN	COUNT	Y	
PHYSICAL Residence ADDRESS	:	CITY	STATE	ZIP		
MAILING ADDRESS if different	than Physical	CITY	STATE	ZIP		
EMAIL ADDRESS						
PHONE NUMBER(s) Home:	Coll #•	Alter	nate #			
					DIVONE II	
In Case of Emergency: CONTA	CT NAME, REL	ATIONSHIP,	ADDRESS,		PHONE #	<u>:</u>
YOUR MARITAL STATUS		_				
☐ Single ☐ Marrie	ed Divorced	Separated	☐ Widowed	Other		
TRIBAL MEMBERSHIP OR AF	FILLATION (Identifi	cation Required)				
				N? □Yes	□No	
Federally recognized tribe(s):						
VETERAN / Military Service:		ECTIVE SERVI	CE REQUIRED I	F born after	1959	to print a cor
(Include Active, Inactive, or Reserv			18 to 26 years of a	ge (go to w	ww.555.gov	to print a cop
□Yes □No		es □No □N	ot Applicable			
EDUCATIONAL LEVEL Hig	h School Name			Grade Leve ompleted	el	
College or Technical School Name		Major/Deg				
**Provide current transcript, Diplo					n GED clas	ses
**Provide current transcript, Dipid	ma, Cerujicaie or GE	D, Leuer from Al	iernaure Benoor o	Detter j. c.		
What field of study is your complete	ted degree or certificat	ion?				
	t (9 th -12 th grade)		I.S. Diploma	□Post		
Circle # Years Add'l Education 1			ech Assoc AF	BA/BS □M	Iasters □C	ther:
Circle # Years Add'l Education 1	2 3 4 5+ 🗆 C	CHILICALE LI VU-1	Con E 115500. E 1			:

BARRIERS: Checkmark indicates: YES this				
☐ Lacks Transportation?	☐ Current or previous Substance Abuse problems?			
☐Without Driver's License?	☐Domestic Violence Concerns?			
☐Lack Child Care?	☐ Current Legal Issues / Warrants? ☐ Have Fines?			
☐ Have problems with reading or math?	□Offender			
☐ Lack Significant Work History?	☐Felony Offense, - Specify			
☐ School Dropout?				
☐Pregnant &/or Parenting Youth	Displaced Homemaker Specify			
□Low Income				
□Homeless				
☐ Lack of Care for aging parents?	☐ Single Head of Household w/dependents under 18			
☐Limited English	☐ Low Math Skill Level			
□Disability	☐Low Reading Skill Level			
☐Medical Problems? Specify				
COTHED Specific				
UOTHER Specify.				
RECIPIENT OF: DATE Rec'd & Am				
RECIPIENT OF: DATE Rec'd & Am	nount DATE Rec'd & Amount			
RECIPIENT OF: DATE Rec'd & Am	luded as income) Worker's Comp			
RECIPIENT OF: DATE Rec'd & Am NON-TAXABLE INCOME (not inc	DATE Rec'd & Amount luded as income			
RECIPIENT OF: DATE Rec'd & Am NON-TAXABLE INCOME (not inc	DATE Rec'd & Amount luded as income			
RECIPIENT OF: DATE Rec'd & Am NON-TAXABLE INCOME (not inc BIA Assistance Commodities	DATE Rec'd & Amount luded as income Worker's Comp Unemployment Veteran's Benefits WIA-WEP/CRT			
RECIPIENT OF: DATE Rec'd & Am NON-TAXABLE INCOME (not inc BIA Assistance Commodities Child Care	DATE Rec'd & Amount luded as income)			
RECIPIENT OF: DATE Rec'd & Am NON-TAXABLE INCOME (not inc BIA Assistance Commodities Child Care Child Support	DATE Rec'd & Amount luded as income			
RECIPIENT OF: DATE Rec'd & Am NON-TAXABLE INCOME (not inc BIA Assistance Commodities Child Care Child Support Food Stamps	DATE Rec'd & Amount luded as income			
RECIPIENT OF: DATE Rec'd & Am NON-TAXABLE INCOME (not inc BIA Assistance Commodities Child Care Child Support Food Stamps Foster Child Payments	DATE Rec'd & Amount luded as income			
RECIPIENT OF: DATE Rec'd & Am NON-TAXABLE INCOME (not inc BIA Assistance Commodities Child Care Child Support Food Stamps Foster Child Payments Loans	DATE Rec'd & Amount luded as income			
RECIPIENT OF: DATE Rec'd & Am NON-TAXABLE INCOME (not inc BIA Assistance Commodities Child Care Child Support Food Stamps Foster Child Payments Loans Pell Grants	DATE Rec'd & Amount luded as income			
RECIPIENT OF: DATE Rec'd & Am NON-TAXABLE INCOME (not inc BIA Assistance Commodities Child Care Child Support Food Stamps Foster Child Payments Loans Pell Grants School Grants	DATE Rec'd & Amount luded as income			
RECIPIENT OF: DATE Rec'd & Am NON-TAXABLE INCOME (not inc BIA Assistance Commodities Child Care Child Support Food Stamps Foster Child Payments Pell Grants School Grants Social Security	DATE Rec'd & Amount Inded as income Worker's Comp			
RECIPIENT OF: DATE Rec'd & Am NON-TAXABLE INCOME (not inc BIA Assistance Commodities Child Care Child Support Food Stamps Foster Child Payments Loans Pell Grants School Grants Social Security Social Security Disability	DATE Rec'd & Amount luded as income Worker's Comp			

	-Parent Family	vo-Parent Family	
□Non-Custodial Parent (Must Prov	vide Legal Documents) 🗆 # of I	Dependents under 18 Years o	of Age
E&T Applicant Name Here	Age/Relationship SELF	Income Source	TRIB
Now list other household			
			<u> </u>
			-
			8
			-
			_
Total Number in Household (incl (WIA/TERO) only	\$	old Income For Past 6 Mo	onths
Total Number in Household (incl. (WIA/TERO) only I AM REQUESTING ASSISTAN			onths
(WIA/TERO) only	NCE WITH THE FOLLOWIN	[G:	
I AM REQUESTING ASSISTAN What are your Education &	NCE WITH THE FOLLOWIN	[G:	
(WIA/TERO) only I AM REQUESTING ASSISTAN	NCE WITH THE FOLLOWIN Career Goals? interested in?	[G:	

EMPLOYMENT HISTORY--

□ Check HERE if NEVER WORKED

1 st Employer		Address	City	State	Zip
Phone #		Supervisor	Yo	ur Position/Job T	itle
☐Full-Time	□Part-Ti	me	☐Temporary or Sea	sonal	
Start – Month/D	ay/Year	End - Month/Day/Year	Rate of Pay	Average # Hou	ırs Per Week
Duties/Responsi	bilities				
REASON FOR	LEAVING				
2 nd Employer		Address	City	State	Zip
Phone #		Supervisor	Yo	our Position/Job T	itle
☐ Full-Time	☐ Part-T	Time	☐Temporary or Sea	isonal	
Start – Month/D	Day/Year	End – Month/Day/Year	Rate of Pay	Average # H	ours Per Week
Duties/Respons	ibilities				
REASON FOR	LEAVING				
REASON FOR 3 rd Employer	LEAVING	Address	City	State	Zip
	LEAVING		·	State	
3 rd Employer	LEAVING	Address Supervisor	·	our Position/Job	
3 rd Employer Phone #	☐ Part-	Address Supervisor	Y ☐ Temporary or So	our Position/Job ?	
3 rd Employer Phone # □Full-Time	□ Part-´ Day/Year	Address Supervisor Time	Y ☐ Temporary or So	our Position/Job ?	Γitle
3 rd Employer Phone # □ Full-Time Start – Month/E	☐ Part- Day/Year sibilities	Address Supervisor Time	Y ☐ Temporary or So	our Position/Job ?	Γitle
3 rd Employer Phone # □Full-Time Start – Month/□ Duties/Respons	☐ Part-´ Day/Year sibilities . LEAVINC	Address Supervisor Time	Y ☐ Temporary or So	our Position/Job ?	Γitle
3 rd Employer Phone # □Full-Time Start – Month/E Duties/Respons REASON FOR	☐ Part-´ Day/Year sibilities . LEAVINC	Address Supervisor Time	Temporary or So	our Position/Job 7 easonal Average #	Title Hours Per Week Zip
3 rd Employer Phone # □Full-Time Start – Month/□ Duties/Respons REASON FOR	☐ Part-´ Day/Year sibilities . LEAVINC	Address Supervisor Time	Temporary or So	our Position/Job Teasonal Average # State Tour Position/Job	Title Hours Per Week Zip



PROOF OF RESIDENCYAFFIDAVIT

(TO BE COMPLETED BY RESIDENCE OWNER/RENTER AND SEMINOLE NATION ADULT EDUCATION PROGRAM APPLICANT) CURRENT UTILITY BILL IN THE RESIDENCE OWNER'S VIENTER'S NAME MUST ACCOMPANY THIS AFFIDAVIT. This form shall be completed for applicants who are living within the jurisdiction of the Seminole County and who are not the primary residence owner/renter. Complete all fields of this affidavit, in ink, in the presence of a Notary , certify that I am over eighteen (18) years of Public. I, age and competent to testify to the facts and matters set forth herein; and also certify that I am living in a shared housing situation with ______, the Name of Client applicant for services through the Seminole Nation Job Placement & Training Program (ĴP&T), and that the physical address of the housing property is: Address: City: State: Zip: Work /Cell Phone:_____ Home Phone: I understand that persons submitting or causing to be submitted any false information in connection with any application, report or other document, upon which the provision of Federal financial assistance or any other payment of Federal funds is based, may be subject to criminal prosecution under provisions such as Sections 287, 371, or 1001 of Title 18, U.S. This Proof of Residency Affidavit is valid for the current application being submitted ONLY. I solemnly affirm under the penalties listed above that the content of this affidavit are true to the best of my knowledge, information, and belief. Signature of Homeowner/Renter Date Printed Name of Residence Owner/Renter Date Staff Signature Printed Name of Career Services Staff Subscribed and sworn to before me on this _____ day of _____, My commission expires: Notary Public:

List your monthly income (For Youth - Parent or C	Guardian complete for the household)
Sources Per Month:	
Wages (yourself, after taxes)	\$
Wages (Others in your household, after taxes)	\$
Tips, bonuses	\$
Child support	\$
Unemployment compensation	\$
Social Security of Supplemental Security Income	\$
Public Assistance	\$
Food Stamps	\$
Other:	\$
TOTAL INCOME:	\$
LIST YOUR TOTAL MONTHLY EXPENSES	
Expenses Per Month:	Φ.
Rent or Mortgage	\$
Heating Fuel & Electricity	\$
Water or City bill	\$
Phone	\$
Other household expenses (cable TV, internet, etc.)	\$
Groceries	\$
Transportation	\$
Fuel costs to and from work	\$
Car Payment	\$
Car Repairs/Maintenance	\$
Insurance (car, life, home)	\$
Medical Bills	\$
Child Care	\$
Child Support	\$
Loans	\$
Credit Cards	\$
Fines	\$
Work attire & tools	\$
Toiletries	\$
TOTAL EXPENSES	\$
<u>Total Income – Total Expenses = UNMET NEED</u>	\$



(Print Name)	SS#	Date:	

NOTICE OF RIGHT TO GRIEVANCE PROCEDURE (20 CFR 667.600):

Any applicant has the right to a grievance procedure. If it is believed that there was not proper assistance, treatment, service of consideration given by the Seminole Nation Career Services, bring or mail the written and signed complaint to the Seminole Nation Career Services, Mekusukey Mission, 12575 NS 3540, Seminole, OK or mail to PO Box 1498, Wewoka, OK 74884. Alternative remedies under federal, state, or local law may be pursued if there is non-action within sixty days of the filing of a complaint or if the grievance procedure has been exhausted at the grantee level, appeal may be made to:

Seminole Nation Principal Chief, PO Box 1498, Wewoka, OK 74884

For WIA Workforce Investment Act Program: US Department of Labor/DINAP, 200 Constitution Ave, Rm. N-4123 Washington, DC 20210, (200)219-6507.



Applicant Signature

INDIVIUALIZED PLAN OF SERVICE: I further understand that a DETERMINATION OF ELIGIBILITY does not guarantee services and that not all services will be financial in nature. I also understand that I am required to complete a formal ASSESSMENT TEST to finalize the application process. I agree to work together with my assigned counselor to develop an EMPLOYABILITY DEVELOPMENT PLAN which details my individual needs and the steps I will take to achieve my goals. I understand priority is given to those who help themselves and have not previously received service. By my signature below, I indicate my agreement to abide by the policies and procedures set forth, and release of information as necessary to verify information, provide, and/or obtain services on my behalf.

Date

Parent or Legal Guardian Signature IF App	olicant is Under 18	Date
THE REMAINDER OF SERVICES STAFF USE	THIS APPLICATION ONLY*	FOR CAREER
INCOME CALCULATION	Six (6) Month Period	то
Total Number In Household :_	Excluded Income- Source	ce:
Counted Income ONLY: Applicant	Source	Amount
Other Household Member(s)	Source	Amount
Federal Poverty Guideline Limit	:Total Six Month	s Income:
Economically Disadvantaged: \Box	YES Below Federal Guideline *	NO Exceeds Poverty Guidelines If Youth, At-Risk?



Seminole Nation of Oklahoma Career Services

12575 NS 3540, Seminole, OK 74868 PO Box 1498, Wewoka, OK 74884 (405) 303-2840 or (405) 382-4009

CONSENT TO RELEASE INFORMATION

INSTRUCTION	-	- 	
1.	Fill out all appropriate fields or public. Send the original form to the a Nation Career Services		
First Name	e Middle Name	Last Name	Date of Birth
is pertinent to	orize the Seminole Nation Care o my application for assistance. orize Seminole Nation Career S asent to Release Information fo	ervices to make additiona	I copies of this original
Applicants Si	gnature or Parent/Guardian of	applicant	Date
20	nd sworn to me on this n expires:		
Notary Public:			

Admissions Document



PARENTAL CONSENT / LIABILITY RELEASE FORM (Youth under 18 years of age)

I, participation and transportation of my Program.	, parent/legal guardian of child to all field trips and activities that are a part o	, give my consent for of the 2014 Summer Youth Work Experience
	ng emergency treatment, to making decisions regangers. It is necessary, while he/she is participating in the eve	
I, the undersigned parent/legal guardia Nation and its staff or employees of an he/she participates.	n of, y liability in the event or accidental injury, illness o	a minor, do hereby release the Seminole r death to the above mentioned minor, while
Yes No No	ns that your child may have that the staff/employe	
Medication:		
Emergency contact:	Phone #:	
If participant is a minor, a parent or leg	al guardian must sign the following space after rea	ding and agreeing to the "Liability Release".
Parent/Legal Guardian (print)	Signature of Parent/Legal Guardian	Date
Student Participation:		
I,career services staff while attending fie	, agree to participate and follow inst ld trips and activities.	ructions given to me by the Seminole Nation
Name of participant (print)	Signature of participant	Date
PH	OTOGRAPH CONSENT AND RELEAS	E FORM
assigns (herein referred to as the "tribe name, picture, likeness or any material	agents and others working for it or in its behalf and ") the absolute right and permission to use, publis based upon or derived there from, or to refrain fro or trade in promoting and publicizing the tribe.	h, reproduce, broadcast and copyright my
I agree that my picture or likeness or ar negative or other copy, I shall not author	nything derived there from created by the tribe is corize its use by anyone else.	owned by it. If I should receive any print,
	m to additional compensation and no claim (include of publicity) arising out of any uses, alteration and	
I agree that this release does not in any	way conflict with any existing commitment on my	part.
Name of participant (Print)	Signature of participant	Date
Parent/Legal Guardian (Print)	Signature of Parent/Legal Guardian	Date